

DIVISION OF DEVELOPMENTAL DISABILITIES
COST OF CARE ADJUSTMENT REQUEST

NAME OF CLIENT WHO IS OUT OF HOME	VENDOR NAME	PROGRAM TYPE <input type="checkbox"/> SL <input type="checkbox"/> GH	DATE				
A. Out of home client's rate: \$_____ per day							
B. ADDRESS AND NAMES OF PERSONS REMAINING AT ADDRESS							
STREET ADDRESS		NAMES					
CITY	STATE ZIP CODE						
C. ADJUSTMENTS							
REASON FOR ADJUSTMENT <input type="checkbox"/> Opening <input type="checkbox"/> New Program Phase In <input type="checkbox"/> Being Held For (client name):							
TEMPORARY ABSENCE <input type="checkbox"/> Admitted to Medical Facility <input type="checkbox"/> In Jail <input type="checkbox"/> Admitted to Nursing Home <input type="checkbox"/> RHC Respite <input type="checkbox"/> Other (describe):							
DATES ADJUSTMENT REQUESTED:	DEPARTURE DATE	RETURN DATE	TOTAL NUMBER OF DAYS				
COST OF CARE ADJUSTMENT REQUEST AMOUNT <input type="checkbox"/> Total Rate \$ _____ <input type="checkbox"/> or: Admin. Only \$ _____ <input type="checkbox"/> or: Reduced ISS Hours and/or Admin. ISS: _____ ISS Hours at \$ _____ \$ _____ Admin./ICS: \$ _____ Total Amount Requested: \$ _____							
D. REFERRALS RECEIVED							
NAME(S) OF REFERRALS RECEIVED	ACCEPTED YES NO	DATE REFERRED	EXPLANATION				
	<input type="checkbox"/> <input type="checkbox"/>						
	<input type="checkbox"/> <input type="checkbox"/>						
	<input type="checkbox"/> <input type="checkbox"/>						
SUBMITTED BY			DATE				
FOR OFFICE USE ONLY							
E. COST OF CARE ADJUSTMENT							
CLIENT(S) ASSIGNED FOR COA AUTHORIZATION	NO. OF DAYS	ISS RATE	ADMIN/ICS RATE	TOTAL RATE	ESTIMATED TOTAL COST	SSPS CODE	PROVIDER NUMBER
TOTAL							
<input type="checkbox"/> Approval Recommended <input type="checkbox"/> Denial Recommended Reason for denial:							
RA/Designee Review if Request extends Beyond 90 Days <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Attach ETR)							
DDD RA (OR DESIGNEE) SIGNATURE						DATE	
DDD REGIONAL RESOURCE MANAGER (OR DESIGNEE) SIGNATURE						DATE	
DDD RA (OR DESIGNEE) SIGNATURE						DATE	

DISTRIBUTION: Resources Manager,, Case Manager, Vendor, DD C/O Rates Analyst